

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshio NAKAKUKI

Serial No: 10/823,898

Confirmation No: 5673

Filed: April 14, 2004

For: Image Processing Device, Image Processing Method,
and Image Processing Program Product for Making
Determination of Presence of Plural Peaks in a
Spectrum of a Predetermined Physical Quantity in
Image Data (Amended)

Art Unit: 2624

Examiner: Rice, Elisa M.

I hereby certify that this correspondence is
being transmitted via electronic filing to:Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 8, 2008

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 7/8/2008

Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Reply to Office Action dated April 8, 2008.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	6	-	20 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$210 SM=\$105	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$260 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1 and 6					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$___ to cover the additional claims fee to Deposit Account No. 50-1314.
- ☐ Please charge the amount of \$___ to cover the extension fee to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: July 8, 2008

1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Phone: 310-785-4600
Fax: 310-785-4601By: *Troy M. Schmelzer*
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)